0	PI

90

55

63

50

9

9

9

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

81

42

41

14

3

4

5

Sp Ed

0.95

0.95

1.15

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	<u> </u>	Hele	na, M	T 59620-25	01		School Bus	Transportation	County	
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	HOOL BUS TRA	NSPORTATION	:	
This clair	n is for the	period beginning	S		<b>,</b>	20 and e	nding		, 20	
				month	day		n	nonth d	ay	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
G .			D: . : .					I Di I	,	
County: District:								District L	evel:	
43 Roosevelt 0775 Poplar Elem							Eleme	ntary		
					D. 4			Days	Bus Driver's	
	District	Route		Miles	Rate			•		
Percentage	District #	Route #		Miles Per Day	Per Mile	Capacity	Inspection	Operated Operated	Social Security #	
Percentage 75						Capacity 47	<b>Inspection</b> 07/28/05	•		

48

47

54

46

07/28/05

07/28/05

07/28/05

07/28/05

PI	

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

	February 1 February 15	to Cou 5 to Sta	inty Superin	endent		May 2	0 to County 4 to State Su	Superin perinte	ntendent ndent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
a is for the	period beginning			,	20 and	ending		,	20
		,	month	day		0	month	d	ay
CATIO:	N:								
The information on this form is complete and accurate to the best of my knowledge.									
		Signatu	re, Chair, Board	d of Trustees					
		District					]	District Le	evel:
County: District:  43 Roosevelt  0776 Poplar H S							]	High S	chool
District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	٠		Bus Driver's Social Security #
9B	1		54	0.95	47	07/28/05			
9B	2		48	0.95	47	07/28/05			
9B	3		81	0.95	48	07/28/05			
9B	4		42	0.95	47	07/28/05			
9B	5		41	1.15	54	07/28/05			
9B	Sp Ed		14	0.95	46	07/28/05			
	EVELTE THOMASSING PROPERTY OF THE PROPERTY OF	February 1 February 15 February 15 FETE THIS CLAIM FO  It is for the period beginning  CCATION:  mation on this form is comp  Evelt  District #  9B  1  9B  2  9B  3  9B  4  9B  5	February 1 to Coure February 15 to State THIS CLAIM FOR STATE THIS CLAIM FOR STATE Is for the period beginning	February 15 to State Superint  ETE THIS CLAIM FOR STATE REIME In is for the period beginning month  CCATION:  Mation on this form is complete and accurate to the Signature, Chair, Board  District:  Pevelt  District:  # Miles Per Day  9B 1 54 9B 2 48 9B 3 81 9B 4 42 9B 5 41	February 1 to County Superintendent	February 1 to County Superintendent   February 15 to State Superintendent	February 1 to County Superintendent   May 1   May 2	February 1 to County Superintendent   May 10 to County Superintendent   May 24 to State Superintendent   May 10 to County May 24 to State Superintendent   May 10 to Canton May 24 to State Superintendent   May 10 to Canton May 24 to State Superintendent   May 10 to Canton May 24 to State Superintendent   May 10 to Canton May 24 to State Superintendent   May 10 to Canton May 24 to State Superintendent   May 10 to Canton May 24 to State Superintendent   May 10 to Canton May 24 to State Superintendent   May 10 to Canton May 24 to State Superintendent   May 10 to Canton May 24 to State Superintendent   May 10 to Canton May 24 t	February 1 to County Superintendent   May 10 to County Superintendent   May 24 to State Superintendent

PI

17J/R

17J/R

17J/R

3A

4A

5A

75

75

50

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

79.4

182.2

139.4

1.80

0.95

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	<u> </u>		ena, M	T 59620-25		School Bus Transportation County				
DUE DATES	:	February 1	to Cou	emester inty Superinate Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR SCH	OOL BUS TRAN	NSPORTA	TION:	
This claim	m is for the	period beginning		month	, day	20 and en	dingm	onth	, 20_ day	·
CERTIF	ICATIO	N:								
The info	rmation on	this form is comp	olete and	accurate to the	e best of my kn	owledge.				
Date	Date Signature, Chair, Board of Trustees									
County: District:								D	istrict Level:	
43 Roosevelt 0777 Culbertson Elem							E	lementa	ry	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Opera		Bus Driver's Social Security #
50	17J/R	1		88.2	0.95	16	08/08/05			
50	17J/R	2		90.6	0.95	36	08/08/05			

89

48

23

08/08/05

08/08/05

08/08/05

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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 43 Roosevelt 0778 Culbertson H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 50 17C/R 1 88.2 0.95 16 08/08/05 2 50 17C/R 90.6 0.95 36 08/08/05 25 17C/R 3A 79.4 89 08/08/05 1.80 17C/R 0.95 25 4A 182.2 48 08/08/05 17C/R 5A 0.95 23 08/08/05 50 139.4

PI	

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

		— петепа,	WII 39020-23	U I					
DUE DATES:		First February 1 to C February 15 to S				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FOR S	TATE REIMI	BURSEMEN	T FOR SCH	OOL BUS TRAN	NSPORTATION:		
This clain	n is for the	period beginning		,	20 and en	ding		20	
			month	day		m	onth da	y	
CERTIF	<b>ICATIO</b>	N:							
The infor	mation on	this form is complete a	nd accurate to th	e best of my kn	owledge.				
Date		Sign	ature, Chair, Boar	d of Trustees					
County:	District:						District Lev	vel:	
43 Roose	evelt	078	0780 Wolf Point Elem				Elemen	ıtary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	45	1 Oswego	56.8	1.15	53	08/16/05			
67	45	11 Highway 13/20	1 76	0.95	47	09/12/05			
67	45	2 Volt	72.8	1.15	54	09/13/05			
67	45	3 Dry Fork	72	0.95	19	08/16/05			
67	45	4 Wolf Creek	82	0.95	16	08/16/05			
100	45	5 Sped	20.2	0.95	45	08/16/05			

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FOR STA	ATE REIME	BURSEMEN	T FOR	SCHOO	OL BUS TRAI	NSPORTATION	l <b>:</b>
This clain	n is for the	period beginning		,	20 a	and endin	g		, 20
			month	day			m	onth c	lay
CERTIF	[CATIO]	N:							
The infor	mation on	this form is complete and	accurate to the	e best of my kn	owledge.				
Date		Signatu	re, Chair, Board	l of Trustees					
County:		Distric	<u>:</u>					District L	evel:
43 Roose	evelt	0781	Wolf Poi	nt H S				High S	School
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capac	city	Inspection	Days Operated	Bus Driver's Social Security #
33	45A	11 Highway 13/201	76	0.95	47		09/12/05		
33	45A	2 Volt	72.8	1.15	54		09/13/05		
33	45A	3 Dry Fork	72	0.95	19		08/16/05		
33	45A	4 Wolf Creek	82	0.95	16		08/16/05		

PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

**School District Claim for State Reimbursement for School Bus Transportation** 

<b>DUE</b>
DATES

		Hele	ena, M⊺	59620-25	01						
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE THIS	CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRAN	NSPORTATION:			
This clain	m is for the pe	riod beginning	3		,	20 and en	ding	,2	20		
			r	nonth	day		me	onth da	y		
CERTIF	ICATION:										
The info	rmation on this	s form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatur	re, Chair, Board	d of Trustees						
County:			District:					District Lev	/el:		
43 Roosevelt			0782 Brockton Elem					Elemen	tary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
rereemage	<del> </del>			100	1.57	72	08/08/05				
50	55	1		100	1.57	12	00/00/03				

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School District Claim for State Reimbursement for School Bus Transportation

			iia, ivi i	33020-23	01					
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRAI	NSPORTATION:		
This clain	n is for the	period beginning			,	20 and en	nding		20	
			1	nonth	day		m	onth da		
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatur	re, Chair, Board	d of Trustees					
County:			District:					District Le	vel:	
43 Roosevelt			0783 Brockton H S					High So	chool	
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	55F	1		100	1.57	72	08/08/05			
50	55F	2		64	1.57	71	08/08/05			
			_				-		_	

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		,								
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLE	TE THIS CLAIM FO	R STATE REIM	BURSEMI	ENT FO	R SCHOOL	BUS TRANSPORT	ΓATION:			
This claim is for the period beginning					_ and ending _	d ending, 20				
		month	day			month	day			
CERTIFI	CATION:									
The inform	The information on this form is complete and accurate to the best of my knowledge.									
Date		Signature, Chair, Boa	rd of Trustees							
County:		District:					District Level:			

43 Roose	evelt	078	5 Bainville	K-12 Sch	ools	High School			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	64D	1	124.2	0.95	34	08/02/05			
100	64D	2	16	0.95	36	08/02/05			
100	64D	3	99.6	0.95	36	08/02/05			
100	64D	4	85.8	0.95	42	08/02/05			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	,							i		
DUE DATES:	February 1 to (	• •			Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLE	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning										
CERTIFI	CATION:									
The inform	nation on this form is complete	and accurate to the	best of my kn	owledg	e.					
Date	Sig	nature, Chair, Board	of Trustees							
County:	Dis	strict:					District Level:			
43 Roose	velt 07	86 Froid Ele	m				Elementary			

43 K008	even	0700	From En			Elemen	Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	65	1	71	0.95	42	08/22/05		
62	65	2	120	1.15	54	08/22/05		
73	65	3	113	0.95	48	08/22/05		
100	65	4	70	1.15	54	08/22/05		

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## **School District Claim for State Reimbursement for School Bus Transportation**

State	
District	
County	

<b>DUE</b>
DATES

		— 11010	ila, IVI I	3020-23	01					
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STATI	E REIME	BURSEMEN	T FOR SO	CHOOL BUS TR	ANSPORTATION	<b>\</b> :	
This claim is for the period beginning, 20				20 and	and ending, 20					
	month day				month day					
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and acc	curate to the	e best of my kn	owledge.				
Date	Signature, Chair, Board of Trustees									
County: District:					District Level:					
43 Roosevelt			0787 Froid H S					High School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
38	65E	2		120	1.15	54	08/22/05			
27	65E	3		113	0.95	48	08/22/05			
			-		•	•		<u> </u>		